



STATE OF NEW HAMPSHIRE  
BOARD OF REGISTRATION FOR MEDICAL TECHNICIANS

121 South Fruit Street  
Concord, NH 03301  
603-271-9369 – FAX 603-271-6702

**APPLICATION FOR REGISTRATION FOR MEDICAL TECHNICIANS**  
(TYPE OR PRINT CLEARLY)

Name \_\_\_\_\_

Any other name used, including a maiden name, if different from above: \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

List place of current employment and address:

Place \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Soc Sec No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
(if applicable)

What is your intended/current occupation/profession/job?

\_\_\_\_\_

**Employment history:** Be specific including dates from the past 10 years. Use additional sheet if necessary

<u>Employer</u>	<u>Mailing Address</u>	<u>Dates of Employment</u>		<u>Reason for Leaving</u>
		<u>From</u>	<u>- To</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you answer **YES** to any of the questions below, you must attach a letter of explanation.

1. Have you ever received disciplinary action against any license, certification or registration, in any state or jurisdiction including reprimand, probation, suspension, revocation, education or practice stipulations fines or voluntary surrender? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been convicted of a felony under the laws of the United States or any state or any offense involving moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_

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State of \_\_\_\_\_ County or City of \_\_\_\_\_

I acknowledge that knowingly making a false statement on this application form is a misdemeanor under RSA 641:2, I. I certify that the information I have provided on all parts of the application form and in the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read the statute and the rules of the Board and promise that, if I am registered, I will abide by them.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to, before me, and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public / Justice of the Peace

\_\_\_\_\_  
My commission expires

Current (within 90 days)

2 inch by 2 inch

Passport Photo

(seal or stamp)